



Changes in FEV₁ on the control day of exposure to lactose and on the last day of exposure to hydralazine. BDT—inhaled salbutamol (200 µg).

No evidence for an immunological mechanism of the IgE or IgG type could be found. This is true of several pharmaceutical products that cause occupational asthma.^{1,2}

Although no case of occupational asthma due to hydralazine has been reported to our

knowledge, Fueki—without giving any objective evidence—mentioned that it could cause rhinitis.⁹

We wish to thank Katherine Tallman for reviewing the manuscript.

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- 3 Cartier A, Malo J-L, Dolovich J. Occupational asthma in nurses handling psyllium. *Clin Allergy* 1987;17:1-6.
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- 5 Malo J-L, Pineau L, Cartier A, Martin RR. Reference values of the provocative concentrations of methacholine that cause 6% and 20% changes in forced expiratory volume in one second in a normal population. *Am Rev Respir Dis* 1983;128:8-11.
- 6 Cloutier Y, Lagier F, Lemieux R, et al. New methodology for specific inhalation challenges with occupational agents in powder form. *Eur Respir J* 1989;2:769-77.
- 7 Knudson R, Lebowitz M, Holberg C, Burrows B. Changes in the normal maximum expiratory flow volume curve with growth and aging. *Am Rev Respir Dis* 1983;127:725-34.
- 8 Dehaut P, Rachiele A, Martin RR, Malo J-L. Histamine dose-response curves in asthma: reproducibility and sensitivity of different indices to assess response. *Thorax* 1983;38:516-22.
- 9 Fueki R. Allergy in pharmacy. *Farumacia* 1970;6:364.

BOOK NOTICES

Respiratory Medicine. David C Flenley. 2nd ed. (Pp 384; £13.95, paperback.) Edinburgh: Baillière Tindall, 1990. ISBN 0702 013 420.

The character of the author and his enormous grasp of respiratory medicine emerge clearly from the text of this second edition of his book, which was completed just a few weeks before his tragic death. The book is effectively a highly condensed comprehensive textbook of respiratory disease. The reader is spared no detail of the underlying science wherever this is relevant and the book acts as a convenient outline of the current state of knowledge in the subject as a whole. The book is highly suitable for the very best medical students and for those junior doctors who find themselves rotating through a respiratory medicine unit. It is a fund of information that even includes practical details such as drug doses—for example, a complete guide on how to undertake and supervise anticoagulation. It is likely to be of most use to those who already have an understanding of the subject, and of the background elements of physiology, biochemistry, immunology, cell biology, etc, because the matter is in some places very compact and many of the sections tend to summarise rather than explain. A junior student might have some difficulty distinguishing what is basic and important from what is interesting but uncommon. It will be an excellent item for the ward bookshelf, a sound purchase for the MRCP candidate, and a convenient summary for those who need to organise their thoughts before undertaking formal

teaching. The author was a true clinical scientist with a rigorous approach to any proposition before it was accepted as sound (until proved otherwise), but he was never dull or unbending. The humour of David Flenley pervades the sound clinical science. Things which he found amusing or extraordinary are relayed with relish in asides which are usually accorded an exclamation mark. Those who knew the author can easily imagine the rise of his penetrating voice, an equally penetrating look, and a broad grin.—RALB

Eosinophils, allergy and asthma. A B Kay. (Pp 163; £25.95.) Oxford: Blackwell, 1990. ISBN 0-632-02848-3.

This book, which is a summary of a meeting held in 1988, attempts to address some basic and applied aspects of eosinophil biology and in this it succeeds. What is more difficult is to find a role for this publication. It is a mixture of two types of chapter. Firstly, there are some excellent reviews, in particular the chapters by Capron, Kay, and Barnes, which review the immunoglobulin receptors, chemotactic factors, and pharmacology of the eosinophil and are very useful reference sources. The other 15 chapters review the research interest of the groups presenting the data, some of which represent up to date summaries of the work. Six of these chapters, however, do not contain any references more recent than 1988 and therefore fail to be useful for readers looking to this book for up to date information in those areas. Thus, although this book contains good reviews and some up to date research chapters, it is difficult to be certain of the audience it is aimed at as it does not fall into the role of textbook for the general library, or provide comprehensive, up to the minute research papers for the laboratory dedicated to studying the eosinophil or bronchial hyperreactivity.—RWF